

Determining Patients' Preferences: Educating Health Care Providers About Completing Medical Scope of Treatment (MOLST) and eMOLST Forms in Seriously Ill Persons



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Statement of the Problem

- Many persons with serious illness have not had goals of care and treatment preference discussions with healthcare providers (HCPs).
- HCPs often document incomplete or incompatible MOLST regarding goals of care and experience difficulty accessing a MOLST form when patients transition across various care settings.

Background

- Over the last 20 years, research on MOLST and eMOLST is limited.
- There are no studies examining the long-term success of the eMOLST as it typically monitored data (e.g., length of stay, cost savings, decreased readmission rates).
- There is lack of guidance regarding implementation, evaluation, and outcomes of the eMOLST in a hospital and nursing home system.
- Initial MOLST programs implemented in New York state showed increased levels of healthcare proxy completion, and ACP documentation.²
- While MOLST has begun to be used, there are many challenges:
 - People tend not to carry their forms on their person, and by the time an emergent intervention is done, a MOLST form may have unfortunately been reversed.
 - Healthcare systems and healthcare workers, using their own code of ethics, may reverse the MOLST of a person without consent.⁵
- By using telehealth, cloud-based systems, and the eMOLST, there is greater opportunity to ensure that the patient's wishes and goals of care are known throughout the state of New York, regardless of hospital system.

Purpose

This **Quality Improvement** project's objectives are:

- To educate ICU and Hospitalist physicians and providers in the proper completion of a MOLST and access to an eMOLST form.
- To determine if the percentage of correctly completed MOLST and eMOLST forms in the EHR increases post educational intervention.
- To develop a process with the Information Technology (IT) department to access the eMOLST form.

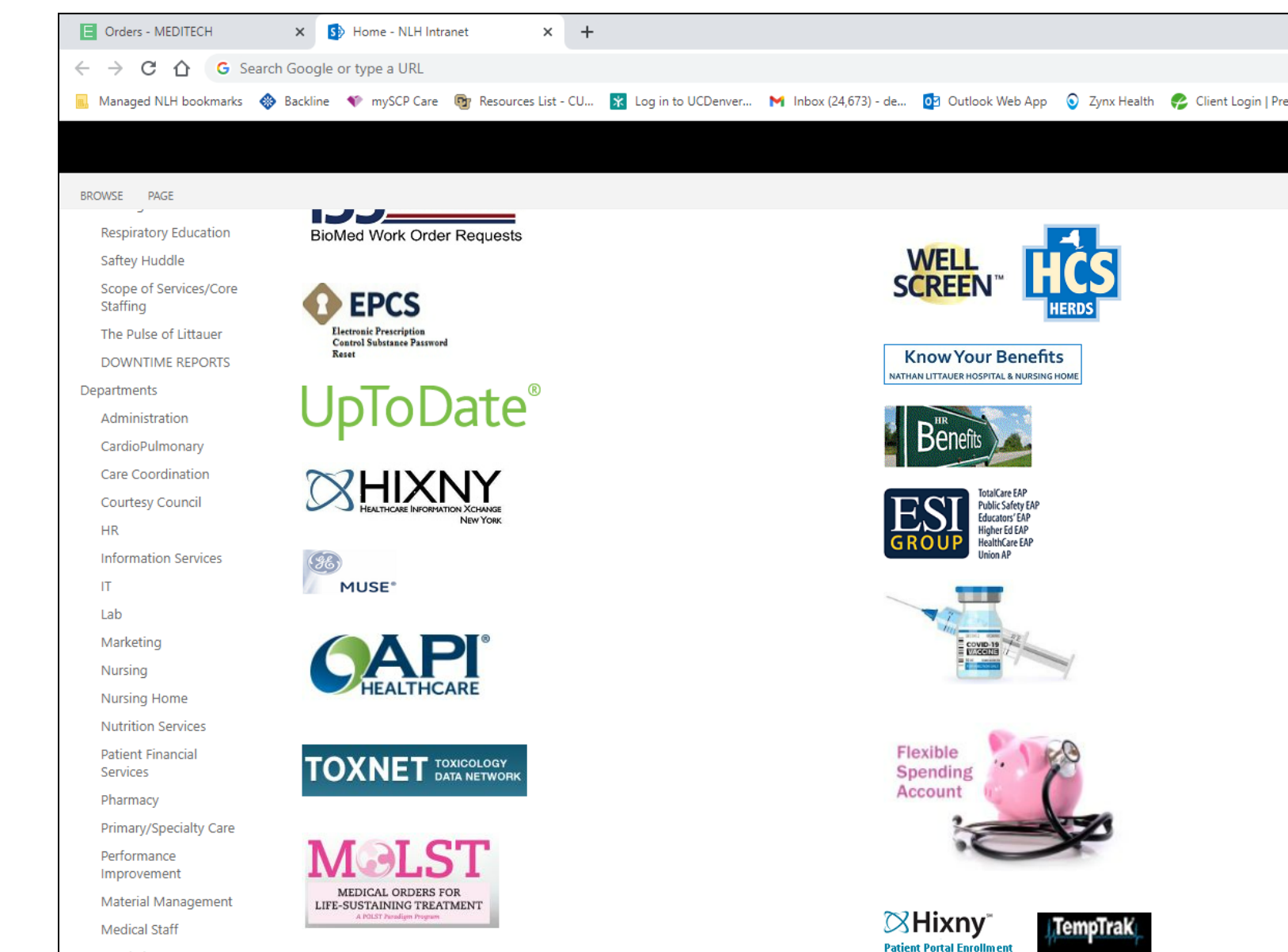


Methods

Setting: Nathan Littauer inpatient hospital setting

Population: ICU and Hospitalist providers

Educational Intervention: A one-hour session, presented in August 2021, educated 10 hospitalists in MOLST and eMOLST completion.



Evaluation Plan:

- Eleven-item pre/post education surveys about ACP and feelings of comfort and confidence completing a MOLST were distributed.
- Descriptive statistics analyze pre and post provider surveys.
- 20 MOLSTs pre and 30 MOLSTs post intervention completed by the hospitalists were randomly selected and reviewed.
- Statistics on the usage of the eMOLST were recorded through the eMOLST website, and eMOLST access.

IMPLEMENTATION STEP	TIMEFRAME	Done
Gathering Champions: Stakeholders – Palliative Care	4/2021	DONE
Gathering Champions: Stakeholders – IT	4/2021	DONE
Gathering Champions: Stakeholders – Hospitalist Group Administration	5/2021	DONE
Gathering Champions: Stakeholders - Hospitalist	7/2021	DONE
Gathering Champions: Stakeholders – Nurse Managers	5/2021	
Gathering Champions: Stakeholders – Case Management	4/2021	DONE
Gathering Champions: Stakeholders – Nursing Home Administration	5/2021	DONE
Contact Stakeholder – eMOLST Creators (Bomba, Orem)	4/2021	DONE
Gathering Champions: Stakeholders - IT	5/2021	DONE
Bridge Committee Approval	5/2021	DONE
Formation of Core Group of implementation	7/2021	DONE
Present to Stakeholder: C-Suite	8/2021	DONE
Access to eMOLST on all computers - IT	10/2021	DONE
Meeting with eMOLST Creators (Bomba, Orem)	9/2021	DONE
Training of Core Group	11/2021	DONE
Creation of Surveys – Pre-Post Surveys	12/2021	DONE
Creation of Education PPT and Recorded Video	12/2021	DONE
Uploading Video onto Hospital HealthStream	3/2022	
Uploading Video to SCP University	2/2022	
Training of Hospitalist/ICU Providers	2/2022	DONE
Training of ER Providers	3/2022	
Training of Nursing	3/2022	DONE
Go Live!	4/2022	DONE
Data analysis	5/2022	DONE

Findings

- Of 10 hospitalists surveyed, none had received formal education on MOLST completion; 70% were confident completing a MOLST; none were confident documenting an eMOLST.
- Hospitalists (100%) believed that an incompatible order (FULL/DNI) was appropriate.
- Post-intervention, 90% felt confident in MOLST completion; one still believed the conversation itself was difficult.
- All understood that FULL code and DNI were contradictory orders.
- Of 20 MOLST forms randomly reviewed pre-intervention, 10% were completed correctly.
- Of thirty MOLST forms reviewed post-intervention, 83% were completed correctly.
- While 100% were comfortable completing the eMOLST, they questioned its usefulness if outpatient clinicians could not access it across settings.

Conclusions

- A one-hour educational session can improve competent MOLST completion.
- Limiting EMR CODE choices to FULL, DNR, and DNR/DNI ensured appropriate CODE status.
- Providing a 30-minute review 6 months later is helpful in maintaining competency.
- eMOLST implementation requires all healthcare system settings to integrate for improved form access. Future directions include the education of all HCPs in this healthcare system to ensure success.

Limitations

- Small number of providers participated.
- Project timing was challenging as this hospital system experienced a COVID surge, staffing issues, and a new EHR system implementation.
- Burnout was a factor for both providers and nurses, often preventing high quality advanced care planning discussions.

Acknowledgements/References

Mentor: Maurice Scott, MD

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